PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2009** *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) 02558B-063710US
Application Number 10/828,846	Filed April 20, 2004

For PATTERN RECOGNITION METHOD FOR DIAGNOSIS OF SYSTEMIC AUTOIMMUNE DISEASES

Art Unit 1631	Examiner Pablo S. Whaley

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$130	$65	$ _____
☐	Two months (37 CFR 1.17(a)(2))	$490	$245	$ _____
☐	Three months (37 CFR 1.17(a)(3))	$1100	$555	$ _____
☐	Four months (37 CFR 1.17(a)(4))	$1730	$865	$ _____
☒	Five months (37 CFR 1.17(a)(5))	$2350	$1175	$ 2350

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number __20-1430_____ .
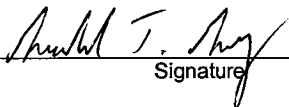
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
   Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number __41,797_____

☐ attorney or agent under 37 CFR 1.34.
   Registration number if acting under 37 CFR 1.34 _____

/Gerald T. Gray/ Signature	November 10, 2008 Date
Gerald T. Gray, Reg. No. 41,797 Typed or printed name	(925) 472-5000 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.